

SMALL BUSINESS ENTERPRISE SELF-CERTIFICATION APPLICATION/AFFIDAVIT



For Official Use Only
☐ Revenue
☐ Employees

Self-Certification Application for Bidders of Awards \$50,000 or less only

Name of Company		Federal Tax ID#.		# of Yrs in Present Business	
Fixed Business Address		City	State	Zip	County
E-Mail Address		Business Phone #		Fax #	
Owners Ethnic/Gender information: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Male <input type="checkbox"/> Female (Race and Gender information is collected for informational purposes only and is given voluntarily.) Are you a United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No					
Owner/Principal Name		Title		Contact Person Y <input type="checkbox"/> N <input type="checkbox"/>	
Owner/Principal Name		Title		Contact Person Y <input type="checkbox"/> N <input type="checkbox"/>	

Type Of Business: <input type="checkbox"/> Construction <input type="checkbox"/> Franchise <input type="checkbox"/> Professional <input type="checkbox"/> Services <input type="checkbox"/> Supplier * If a Supplier please check the following type: <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer's Representative
Description of product/service company provides:
Technical/Trade Qualifications, Certification or Special Equipment

Business History: (Provide any type City of Cincinnati or Not)

Name of Company	Address	Telephone	Amount of contract, invoice *	Product/Services

*** Each separate individual contract, invoice, project cannot exceed \$50,000.**

Please list below the type (s) of certification (s) the business is currently certified.

1.	2.
3.	4.
5.	6.
Attach a copy of current certificate (s) or letter (s) of certification	

SELF CERTIFICATION ELIGIBILITY REQUIREMENTS

For the purpose of the City of Cincinnati's Small Business Enterprise Program Self Certification Application, a small business concern is a business that is independently owned, controlled and operated and provides a commercially useful function as defined in the City Municipal Code (CMC) 323-1-I and which meets the definitions or size standard established by CMC 323-1-S and the Administrator of the Small Business Administration (SBA) program.

The size standards are expressed either in number of employees or annual receipts in millions of dollars (based on a three year average), unless otherwise specified. The number of employees or annual receipts indicates the maximum allowed for a business concern inclusive of any affiliates as defined by 13 C.C.R. 121.201.

First refer to the following website to obtain the NAICS code(s), enter "KEYWORD":

<http://www.census.gov/eos/www/naics>

Next refer to the following website to obtain the SBA size standard for your company:

http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf

Please enter the NAICS code(s) that represent your company service below.

This area must be completed for application review. Please do not leave any areas blank.

(Initial)	The NAICS code(s) for this business is			
(Initial)	Average 3-year Annual Receipts			
(Initial)	Average 3-year Number of Employees			
(Initial)	My Bonding Range? (If applicable)			
(Initial)	List Personal Net Worth of each Owner			
	1.	2.	3.	4.

Self-Certification Oath and Affirmation
(Signature must be witnessed by a notarized by a Notary Public)

As the principle owner and contractor completing this application, I attest to the fact that the bidding associated with this application will not exceed \$50,000 during the life of the contract. I will not present *Change Orders* to increase the total value of the contract to exceed \$50,000. If the amount exceeds \$50,000, I understand that I could encounter penalty up to and including debarment. I affirm under penalty of perjury that the foregoing is true and accurate to the best of my knowledge and belief.

Signature of Principal	Title	Date
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Printed Name _____

Subscribed and duly sworn in my presence this day of 20 .

County of _____ State of _____

SS

(Notary Public (signature))

My commission expires: _____

*If you have not completed a Purchasing Vendor Registration on-line, please call 352-2437 or go to: www.cincinnati-oh.gov/vss.

*In order to verify any affirmations made the City of Cincinnati reserves the right to request additional information.

How did you find out about the SBE Program?" Website_____, At an outreach event_____, The television program
Government & Small Business_____, A Referral_____, and other (please explain).